

1600 9<sup>th</sup> Street, Room 420 ~ Sacramento, California 95814  
1831 9<sup>th</sup> Street ~ Sacramento, California 95814  
311 South Spring Street, Suite 1001, Los Angeles, CA 90013

Phone (916) 654-3362 FAX (916) 654-2973  
Phone (916) 324-9090 FAX (916) 324-9145 (North and Central Region)  
Phone (213) 897-0166 FAX (213) 897-0168



<b>A</b>	Name of Facility:		OSHPD #	
	Address - Street:		<u>Office Use Only</u>	
	City:	County:	FACILITY I.D. #	
	Title of Project (45 Characters max.):		DATE:	
		Zip:	Applicant Job #:	
<b>B</b>	<input type="checkbox"/> Change Order	CO#	<input type="checkbox"/> Addendum	AD #
	<input type="checkbox"/> Instruction Bulletin	IB#	<input type="checkbox"/> Deferred Item	DA #
	IB must be confirmed by change order		<input type="checkbox"/>	
<b>C</b>	Description/Scope of Change:			
	Reason for Change:			
	List of Enclosures:			
<b>D</b>	CHANGE ORDER ONLY			
	Total contract amount prior to this change .....\$		By reason of this modification the contract completion date is changed:	
	Amount of this change .....\$		From:	
	<input type="checkbox"/> Add <input type="checkbox"/> Deduct		To:	
Revised contract amount to date .....\$				
Owner:		Contractor: NOT REQUIRED FOR OSHPD		
Signature:		Signature:		
<b>E</b>	Architect or Engineer in responsible charge of project:		Structural Engineer (if applicable):	
	Signature:		Signature:	
	Firm Name:		Firm Name:	
	Address:		Address:	
City:		City:		
State:		State:		
Zip:		Zip:		
<b>F</b>	OSHPD APPROVAL		<u>OFFICE USE ONLY</u>	
	Signature:		Date:	

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT****FACILITIES DEVELOPMENT DIVISION**1600 9<sup>th</sup> Street, Room 420 ~ Sacramento, California 958141831 9<sup>th</sup> Street ~ Sacramento, California 95814

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[www.oshpd.state.ca.us/fdd](http://www.oshpd.state.ca.us/fdd)

## INSTRUCTIONS FOR POST APPROVAL DOCUMENTS (OSH-FD-125)

Do not write in areas designated for "Office Use Only."

- A Enter name as it appears on the facility license. Enter street address, city, county and zip code (five or nine digit zip code as applicable).

Title of project - enter a brief (45 keystrokes or less) descriptive statement of the work to be performed.

Enter number OSHPD project number, and applicants job number - if the facility or architect has a numbering system for projects, enter that project number.

- B Check appropriate box and enter sequential number. The term "Instruction Bulletin" is generally used for any submission, which is not a change order or an addendum. This OSHPD form may cover a single pre-change order document or several pre-change order documents, thus unifying them together until approved. "Deferred Items," refers to any items listed as deferred on the cover sheet of the approved drawings, including fire sprinkler and fire alarm submittals.

- C Description/Scope of change - List or describe the changes to the approved contract documents.

Reason for change - List or describe the reasons the items above are requested.

List of enclosures - List the enclosures or attachments, which change the contract documents. Such enclosures must include architect's title block, facility name, and drawings of changes.

- D If this is a change order, complete Section D and sign by owner and contractor; otherwise leave blank.

- E The architect or engineer in charge and any other design professional involved in the change should enter the address, city, state, zip code and sign the document in the appropriate signature block.

- F Leave blank. When returned by OSHPD, staff action taken will be indicated.